thermometers are inserted—into the brain (motor centre, left hemisphere), into the muscles of the upper thigh along the N. ischiaticus, and the rectum, respectively. Electric stimulation of the loin produces muscular contraction of the hind paw and a rise of .36° in the temperature. Two minutes after the contraction, the temperature of the thigh falls still lower than before, just the opposite of the results obtained in stimulating the brain of the first dog, in which the temperature rose still higher.

4. Upon the injection of cocaine, the temperature of the brain rose gradually until, after fourteen minutes, it reached .36°. This temperature remained constant for fifteen minutes, and then fell slowly. The other organs were, with reference to their temperature, entirely uninfluenced.

From this very meagre analysis, the basis of Masso's conclusion can be seen. They are as follows:

1. The muscles can scarcely be regarded as the chief source of heat.

2. With reference to the influence of narcotics it must be said, that those chemical functions of the brain, upon which the consciousness and the sensibility are dependent, are affected detrimentally, and the theory that sleep and narcosis depend upon changes in the circulation suffices no longer.

3. These excitants increase the temperature of the nerve cells. W. O. K.

THERAPEUTICAL.

Treatment of Epilepsy by Convulsives.—The "Mercredi Médical," October 5, 1892, contains Pierret's preliminary note on the treatment of epilepsy by convulsives, such as picrotoxine, belladonna, and atropine. Especially in *petit mal* are such remedies considered desirable, as they transform this condition into *grand mal*, and bring about marked improvement in the mental and moral sphere.

Following the teachings of Schiff and Herzen, Pierret accepts the theory that all manifestations of psychic and organic life may be reduced to one ultimate—motion. The centripetal nerves themselves transmit motions from without to nerve-centres. These forms of motion accumulate in the nerve-centres, and appear again to the outside world as chemical, calorific, or muscular actions.

This circulation of "motion" through the different organs of the body constitutes life.

Epileptics do not produce any special "motion" in their nerve-centres. They retain there motion that should constantly circulate. Being unable to get rid of it little by little, in a thousand ways, they discharge it in a lump. And the force of the discharge of this "motion," or ultimate force in nature, then becomes exclusively motor. Thus it will be perceived that in certain epileptics it is not a question of reducing the circulation of this ultimate force to the minimum, but of canaliculating it by making its ordinary routes more permeable. Diffuse excitement is exchanged for a localized explosion; and this diminishes vice, crime, and brutality. It is a well-known fact that epileptics who have seizures of both *petit mal* and *grand mal* long for a major attack to make them feel better. A vicious act will also unload the oppressive accumulation of an unknown force or ultimate motion, and give to the sufferer from *petit mal* temporary relief and comfort. L. F. B.

CLINICAL.

A Clinical Study, with Autopsy, in a Case of Alcoholic Pseudo Tabes.—A case reported by Nonne ("Neurologisches Centralblatt," No. 21, 1892) serves to show that, in the various forms of nervous disease, the central and peripheral nervous apparatus require equal attention in their examination. In the present case the clinical symptoms warranted the diagnosis of spinal tabes, while the autopsy showed a disease of the peripheral nerves.

The patient was a tailor, thirty-nine years of age, without a history or evidence of syphilitic infection. Six years before, he had an attack of delirium tremens. During the last two years he complained of weakness and darting pains in the legs. Subsequently, cincture feeling, constipation, occasional dysuria, failing vision, and alcoholic delirium. In November, 1889, after the delirium had subsided, there were diminished vision and restricted movement of the eyes (mesially and laterally, with consequent nystagmus). There was bilateral myosis, and the light reflex was slow. The optic papillæ were extremely white. The other cranial nerves and the upper extremities were normal. In the lower extremities there were marked ataxia and retarded conduction